

Section 1



Summary of Key Accomplishments

Section 1. Summary of Key Accomplishments

This section is designed to highlight the key accomplishments of your SCHIP program to date toward increasing the number of children with creditable health coverage (Section 2108(b)(1)(A)). This section also identifies strategic objectives, performance goals, and performance measures for the SCHIP program(s), as well as progress and barriers toward meeting those goals. More detailed analysis of program effectiveness in reducing the number of uninsured low-income children is given in sections that follow.

- 1.1 What is the estimated baseline number of uncovered low-income children? Is this estimated baseline the same number submitted to HCFA in the 1998 annual report? If not, what estimate did you submit, and why is it different?

Arizona uses data from the Current Population Survey (CPS). As of March 1999, CPS reported that Arizona had 311,000 uninsured children under 200 percent of the Federal Poverty Level (FPL). This figure is different from the figure submitted to HCFA in Arizona's SCHIP State Plan. The previous figure, which was based on a consultant's use of statistically adjusted CPS data, was 273,558. AHCCCS used statistically adjusted CPS data from 1994-1996 representing calendar years 1993 through 1995.

The Arizona Health Care Cost Containment System (AHCCCS) Administration has decided to use CPS data as permitted in proposed SCHIP regulations 42 CFR 457.750. The AHCCCS Administration is the umbrella agency, which administers Arizona's KidsCare program and other public health programs such as Medicaid.

- 1.1.1 What are the data source(s) and methodology used to make this estimate?

U. S. Census Bureau, March 1999. The figure represents the number and percent of children under 19 years of age, at or below 200 percent of FPL, based on three-year averages for 1996, 1997, and 1998.

- 1.1.2 What is the State's assessment of the reliability of the baseline estimate? What are the limitations of the data or estimation methodology? (Please provide a numerical range or confidence intervals if available.)

AHCCCS recognizes that the data is not totally reliable since CPS data under-reports Medicaid enrollment, especially in managed care states, such as Arizona. Since CPS calculates its rates of uninsurance residually, that is by first determining who is insured in order to determine who is uninsured, this under-reporting can impact the final baseline figure.¹

¹ Lewis, Kimball, Marilyn Ellwood and John Czajka. "Counting the Uninsured: A Review of the Literature." The Urban Institute: Assessing New Federalism 8 (1998): 1-8.

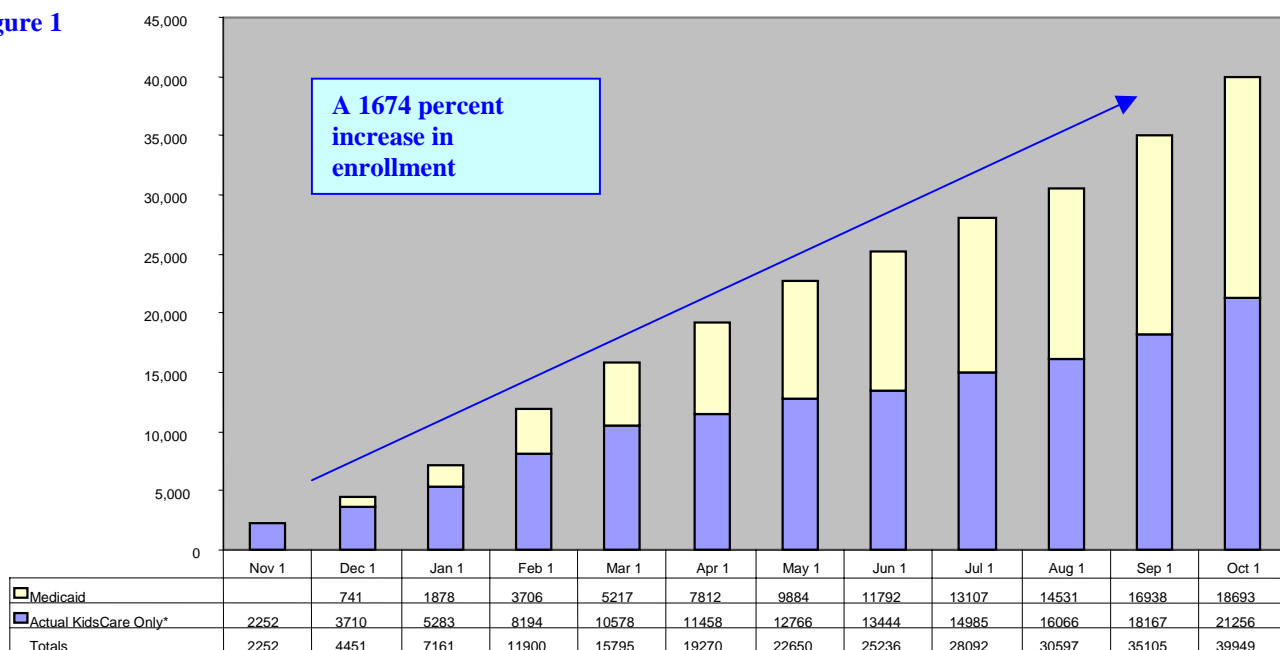
- 1.2 How much progress has been made in increasing the number of children with creditable health coverage (for example, changes in uninsured rates, Title XXI enrollment levels, estimates of children enrolled in Medicaid as a result of Title XXI outreach, anti-crowd-out efforts)? How many more children have creditable coverage following the implementation of Title XXI? (Section 2108(b)(1)(A))

The AHCCCS Administration has significantly reduced the number of uninsured children across the state by increasing KidsCare enrollment and by screening for Medicaid coverage. Eligible children are enrolled in the appropriate program by using a simplified dual-eligibility process that determines eligibility for both programs.

As of October 1, 1999, 39,949 children were enrolled because of KidsCare. Of this total, KidsCare enrollment was 21,256 children or 53 percent, while Medicaid enrollment accounted for an additional 18,693 children insured or 47 percent of total enrollment. This represents nearly a 1700 percent increase in enrollment since KidsCare began in November 1998.

KIDSCARE & MEDICAID ENROLLMENT DUE TO KIDSCARE OUTREACH EFFORTS

Figure 1



Source: The table is generated from monthly AHCCCS enrollment figures, which are in a point-in-time. Enrollment is for the 1st of each month.

- * It should be noted that KidsCare enrollment includes Direct Services, which accounted for 247 children as of October 1, 1999. Direct Services are funded solely by state monies.

Figure 1 shows the total number of children with health insurance because of KidsCare. Children were either enrolled in KidsCare or Medicaid due to KidsCare outreach efforts. Since the eligibility level was raised from 150 to 200 percent FPL on 10/01/99, enrollment is expected to grow even more. This graph also illustrates the significant impact KidsCare has had in enrolling children into Title XIX coverage with nearly one-half of all children applying to KidsCare being determined eligible for Medicaid.

1.2.1 What are the data source(s) and methodology used to make this estimate?

The AHCCCS Administration uses monthly enrollment figures. The reporting period is October 1, 1998 through September 30, 1999. However, the Arizona program was first implemented November 1, 1998. The AHCCCS Administration reports enrollment figures on the first day of each month (e.g. October 1, 1999).

1.2.2 What is the State's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Please provide a numerical range or confidence intervals if available.)

The enrollment figures are for a point-in-time, which is the first day of each month. The figures are generated from internal monthly enrollment figures. No numerical range or confidence intervals are available.

1.3 What progress has been made to achieve the State's strategic objectives and performance goals for its SCHIP program(s)?

As Table 1.3 shows on page 5, AHCCCS has made diligent efforts to meet its strategic objectives and performance goals. KidsCare has met its first goal of decreasing the number of uninsured children in Arizona. In part, this success is due to the partnership between community-based organizations, the Department of Economic Security, KidsCare, and a simplified joint application, which allows an eligibility determination for both KidsCare and Medicaid.

However, it is too early to determine whether all goals have been reached because complete data is not yet available to make an accurate assessment. AHCCCS requires a full year's worth of encounter data to capture the initial 12-month guaranteed enrollment for a member. This time is required to know who received what services. The first anniversary date for the KidsCare program was only reached November 1, 1999. Another year is needed to ensure the data is complete and accurate. For greater detail, please refer to Table 1.3, which shows the objectives, goals, and performance measures identified in the Title XXI State Plan for Arizona. In addition, Table 1.3 summarizes Arizona's progress in meeting the objectives and goals as well as the barriers.

Table 1.3			
(1) Strategic Objectives (as specified in Title XXI State Plan)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, numerators, denominators, etc.)	
OBJECTIVES RELATED TO REDUCING THE NUMBER OF UNINSURED			
Decrease the percentage of children in Arizona who are uninsured or who do not have a regular source of health care.	Decrease the percentage of children in Arizona who are uninsured. In the first year of the KidsCare Program, decrease the percentage of children with income under 150 percent of FPL who are uninsured and, in subsequent years, decrease the number of children with income under 200 percent of FPL who are uninsured.	Data Sources:	Current Population Survey and AHCCCS monthly enrollment figures.
		Methodology:	During this reporting period, AHCCCS used statistically adjusted CPS data from 1994 to 1996 for baseline projections. AHCCCS also used monthly enrollment figures to determine the number of children who now have creditable coverage.
		Numerator:	Total KidsCare and Medicaid enrollment.
		Denominator:	Baseline figure of 273,558.
		Progress Summary:	As of October 1, 1999, AHCCCS insured an additional 39,949 children (Title XIX & Title XXI) in Arizona.

Table 1.3			
(1) Strategic Objectives (as specified in Title XXI State Plan)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, numerators, denominators, etc.)	
OBJECTIVES RELATED TO INCREASING MEDICAID ENROLLMENT			
Coordinate with other health care programs providing services to children to ensure a seamless system of coverage.	Coordinate with other health care programs providing services to children to ensure a seamless system of coverage.	Data Sources:	Internal KidsCare eligibility data; Medicaid enrollment data.
		Methodology:	Record match between SCHIP eligibility data and Medicaid enrollment data performed.
		Numerator:	Number of children enrolled in Medicaid because of KidsCare application.
		Denominator:	Total number of children who have creditable coverage because of KidsCare application.
		Progress Summary:	As of October 1, 1999, approximately 18,693 children have been enrolled in Medicaid as a result of KidsCare outreach and referral.
	Effective December 1, 1999, this goal was amended to the following:		
	Station KidsCare Eligibility Workers in Yuma, Flagstaff, and Pima counties to assist with outreach activities and applications and maximize coordination with other health care programs. Eligibility workers are outstationed workers who assist with outreach efforts.		KidsCare and Title XIX have coordinated efforts to ensure a smooth process during eligibility determinations. DES staff, who process dual applications, have been trained. KidsCare and Medicaid activity is also addressed during weekly meetings with DES. Finally, manual materials have been written for the dual eligibility process.

Table 1.3			
(1) Strategic Objectives (as specified in Title XXI State Plan)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, numerators, denominators, etc.)	
OBJECTIVES RELATED TO INCREASING ACCESS TO CARE (USUAL SOURCE OF CARE, UNMET NEED)			
Ensure that KidsCare eligible children in Arizona have access to a regular source of care and ensure utilization of health care by enrolled children.	Ensure that KidsCare enrolled children receive access to a regular source of care: 1. 100 percent of enrolled children will be assigned a PCP. 2. 70 percent of KidsCare children will see a PCP at least once during the first 12 months of enrollment.	Data Sources: Methodology: Numerator: Denominator: Progress Summary:	HEDIS (Health Employer Data Information Set) criteria used as a guide. The increase in the percentage of children with a usual source of care. 1. Number of children assigned a PCP, and 2. Number of children who see a PCP at least once during the first 12 months of enrollment. The total number of children enrolled in KidsCare. AHCCCS will be submitting Title XXI and Title XIX encounter data together once all data has been submitted, per HCFA guidelines. At this time, it is too premature to draw conclusions because all encounter data is not available.

Table 1.3			
(1) Strategic Objectives (as specified in Title XXI State Plan)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, numerators, denominators, etc.)	
OBJECTIVES RELATED TO USE OF PREVENTIVE CARE (IMMUNIZATION, WELL-CHILD CARE)			
Improve the health status of children enrolled in KidsCare through a focus on early preventive and primary care.	Improve the number of KidsCare eligible children who receive preventive and primary care by meeting the goals below: 1. 80 percent of children under two will receive age appropriate immunizations, 2. 60 percent of children under 15 months will receive the recommended number of well child visits, 3. 60 percent of three, four, five, and six year olds will have at least one well-child visit during the year, and 4. 50 percent of children will have at least one dental visit during the year.	Data Sources: Methodology: Numerator: Denominator: Progress Summary:	HEDIS as a guide. AHCCCS will report comparable quality indicators for KidsCare. This will be separated from the reports submitted for Medicaid. 1. Immunizations 2. Well child care 3. Satisfaction with care 4. Dental Care Number of children receiving immunizations, well child care, satisfaction of care, and dental care. Number of children enrolled. AHCCCS anticipates submitting Title XXI and Title XIX encounter data once all data has been submitted, per HCFA guidelines. It is too premature to draw conclusions because all encounter data is not available.

Table 1.3			
(1) Strategic Objectives (as specified in Title XXI State Plan)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, numerators, denominators, etc.)	
OTHER OBJECTIVES			
Avoid "crowd-out" of employer coverage.	Screen 100 percent of applications to determine if the child was covered by employer sponsored insurance within the last six months.	Data Sources:	Enrollment application.
		Methodology:	Application will screen family on previous coverage. The Administration will monitor percent of total denials due to applicant having group or other health insurance and the delay in enrolling a child pending expiration of a six-month bare period.
		Numerator:	Number of applications screened for crowd-out and number actually denied for this reason.
		Denominator:	Number of applications.
		Progress Summary:	AHCCCS does not enroll an applicant who had other insurance six months prior to enrollment in KidsCare. As of September 30, 1999, 668 children or 2.1 percent of the total denials have been because the applicant was covered by group or other insurance. This figure does not include those children who were denied because they already had Title XIX coverage.